

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009059

FILED
Jan 14, 2008
Secretary of State

Entity Name: NORTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Current Principal Place of Business:

515 WEST MAIN ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491000
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 37-1507467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERRY, JON
515 WEST MAIN ST
LEESBURG, FL 34749 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHERRY, JANATHAN M
Address: P.O. BOX 491000
City-St-Zip: LEESBURG, FL 347491000

Title: VPD () Delete
Name: VALENTINE, VERONICA W
Address: 5776 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: LABARTA, MARGARITA
Address: 4300 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: KIRKLAND, RONALD P
Address: 2634-J CAPITAL CIRCLE, N.E.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LABARTA, MARGARITA
Address: 4300 SW 13 STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD (X) Change () Addition
Name: RASCO, RUSSEL
Address: 5664 SW 60 AVE
City-St-Zip: OCALA, FL 34474

Title: TD (X) Change () Addition
Name: CHERRY, JONATHAN
Address: 515 W. MAIN ST
City-St-Zip: LEESBURG, FL 32748

Title: SD (X) Change () Addition
Name: LEONARDO, DOUGLAS
Address: P.O. BOX 428.
City-St-Zip: NEW PORT RICHEY, FL 34656

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN CHERRY

TREA

01/14/2008

Electronic Signature of Signing Officer or Director

Date